

Medical Certificate

FORM J

To be completed by Medical Provider

(Please print neatly in BLOCK LETTERS and use a BLACK or DARK BLUE pen)

Level 1,
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Email: info@maib.tas.gov.au
Website: www.maib.tas.gov.au

This certificate must only be used in respect of patients for whom you have provided treatment for injuries resulting from a motor accident, and who, in your opinion, may qualify for any or all of the following:

- Housekeeping Assistance
- Transport Assistance
- Claim for Loss of Income

Sections A and B must be completed, with sections C, D & E only where relevant.

Section A: Medical Practitioner's Details

Name of Medical Practitioner completing this Certificate	<input type="text"/>	Provider Number	<input type="text"/>
Name of Medical Practice/Hospital	<input type="text"/>		
Address of Medical Practice/Hospital	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	State	Postcode	
Contact Numbers:	Telephone	<input type="text"/>	Facsimile <input type="text"/>

Section B: Patient's Details

Full Name of Patient	<input type="text"/>
Date of Birth	<input type="text" value="/ /"/>
Date of Accident	<input type="text" value="/ /"/>
I examined the patient on the	<input type="text" value="/ /"/>

and found the patient to have the following injuries:

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

The patient stated the above injuries were allegedly caused by:

<input type="text"/>
<input type="text"/>

These injuries are:

<input type="checkbox"/>	Consistent with the stated cause	<input type="checkbox"/>	Inconsistent with the stated cause
<input type="checkbox"/>	An aggravation of an existing condition	<input type="checkbox"/>	A recurrence of a previous condition

Section C: Loss of Income

I consider the patient to be for the period to

- Wholly disabled, as a result of the injuries sustained, from engaging in his/her **usual** employment or occupation
- Wholly disabled, as a result of the injuries sustained, from engaging in **any** employment or occupation
- Fit to return to modified duties for hours per week

with the following restrictions:

The patient is expected to be fit for pre-injury employment on

Section D: Transport Assistance

To assist people with serious injuries, particularly in the acute state of injury.

It is my opinion that, given the patient's injuries, taxi transport is required. I recommend that the MAIB consider the payment of taxi fees to and from medical treatment.

Treatment	<input style="width: 100%;" type="text"/>
Provider Name	<input style="width: 100%;" type="text"/>
Address	<input style="width: 100%;" type="text"/>
Frequency	<input style="width: 100%;" type="text"/>
For the period	<input style="width: 50%;" type="text" value="/ /"/> To <input style="width: 50%;" type="text" value="/ /"/>

Section E: Housekeeping Assistance

It is my opinion that the injuries sustained render the patient wholly disabled from carrying out their NORMAL household duties. I recommend that the patient receive assistance in the following duties.

1.	4.
2.	5.
3.	6.

The patient will require assistance in the carrying out of these duties for hours per week

For the period To

Section F: Additional Requirements/Comments

(i.e. requires physiotherapy, rehabilitation service provider, equipment, Medication Required as a Result of Accident, etc.)

Signature of Medical Practitioner Dated

PATIENT'S AUTHORITY

I authorise release of this information and certificate to the Motor Accidents Insurance Board, or its agent.

Signature of patient, or representative acting on behalf of patient.